INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED → GUILLAND USE SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 SANITARY | PRIVY APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Ditte Stamp (Revelves) Mailing Address: AM \$1230 Bayfield Co. Zoning Dept S 2 201 Œ 4250 UU BBH SPECIAL USE Refund: Amount Paid: Permit #: #751-19-17 罗 Ю 7000 OTHER

**(**/)of Completion
\* include Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction: 似らじゅんなららい Authorized Agent: (Per Contractor Non-Shoreland donated time & Value at Time Commercial leges e g Bigg Shoreland 088C Proposed Use Residential Use LOCATION Q PROJECT material Section 286.56 はな \_1/4, 0 متشاط Relocate (existing bldg)
Run a Business on □. ☐ Addition/Alteration 6 ☐ Is Property/Land within 2000 (eet of Lake, Pond or Flowage)
If yes---continue ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Proodpfain?

If yes—continue— Legal Description: Conversion **New Construction** , Township Galloga Igning Applica OUNSELVES ACOUNTY TO S Fill in 1/4 Project 22 KUS ication on behalf of Owner(s)) **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) Residence (i.e. cabin, hunting shack Principal Structure (first structure on property) 2 They (Use Tax Statement) Gov't Lot N, Range with Attached Garage # of Stories and/or basem with a Porch
with (2<sup>rd</sup>) Porch
with a Deck
with (2<sup>rd</sup>) Deck with Loft Basement No Basement 2-Story 1-Story Foundation 1-Story + Loft CØ. Lot(s) Vì ≨ Tax ID# (4-5 digits) Agent Phone: Contractor Phone SOLSOR City/State/Zip: 2000 CSM **Proposed Structure** からこ Length: Length: Year Round 50C Seasonal SS SS Town of: Vol & Page THE MARIE <u>\</u> Kelly CONDITIONAL USE
City/State/Zip C<sub>ų</sub> Plumber: Agent Mailing Address (include City/State/Zip): Distance Structure is from Shoreline: Distance Structure is from Shoreline : bedrooms None w 옥 # Lot(s) No. Ashlad N Width: Width: □ None SYSON ☐ (New) Sanitary Specify Type: þ Block(s) No. Sanitary (Exists) Specify Type: Privy (Pit) or Uaulted (min **Compost Toilet** Portable (w/service contract) Municipal/City 8 Sewer/Sanitary System Is on the property? What Type of Subdivision: Document #: \_ Recorded Deed (i.e 2865 Lot Size feet **Dimensions** Is Property in Floodplain Zone? × ×  $\times |\times| \times |\times| \times$ Height: Height: Telephone: # assigned by Register of Deeds Written Authorization
Attached
Pes Pan 200 gallon) Plumber Phone: Cell Phone: ビジーやア Acreage | |\*\*\* 30, Are Wetlands Present? Footage Square ☐ Yes **E**WeⅡ Water 8 City

Owner(s): (If there are Multiple Owners listed on the De FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfied County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the pulpads of inspection.

A All Owners must sign Her  $rac{\Gamma}{2}$  letter(s) of authorization must accompany this application) Date 1

Muhangala/sel Staff

Addition/Alteration (specify)
Accessory Building (specify)

Oran Bru

Mobile Home (manufactured date)

Accessory Building

Accessory Building Addition/Alteration (specify)

72

\* Rosa

 $\times$ 

Other: (explain)

× × ×

Conditional Use: (explain)

Special Use: (explain)

Authorized Agent: (If you are signir ng on behalf of the owner(s) a letter of authorization Mest accompany this application)

Address to send

S

V

If you recently purchased the prop SYSK Attach
Copy of Tax Statement
roperty send your Recorded Deed

Date

Please complete (1) - (7) above (prior to continuing)

8 Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

risible from one previously surveyed corner to the	_	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be	Prior to the plac
		Setback to Privy (Portable, Composting) Feet	Setback to I
		ain Field Feet	Setback to <b>Drain Field</b>
3&√ Feet	Setback to Well	Setback to Septic Tank or Holding Tank / うなっ Feet	Setback to:
Feet	Elevation of Floodplain	Setback from the East Lot Line 640 12 mil - 3Feet	Setback fro
₩ No No	20% Slope Area on property	Setback from the West Lot Line 645 1/2 mile (3Feet)	Setback fro
- Feet	Setback from Wetland	Setback from the South Lot Line 145 34 mile? Feet	Setback fro
		Setback from the North Lot Line 515 760' ?? Feet	Setback fro
	Setback from the Bank or Bluff		
Feet	Setback from the River, Stream, Creek	Setback from the Established Right-of-Way Feet	Setback fro
Feet	Setback from the Lake (ordinary high-water mark)	Setback from the Centerline of Platted Road Feet	Setback fro
Measurement	Description	Description Measurement	

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure within ten (10) feet of the minimur other previously surveyed comer or marked by a licensed surveyor at the owner's exper

**NOTICE**: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code

Hold For Sanitary:	Signature of Inspector: 77	Condition(s): Town, Committee or Board Conditions Attached? Tes To-(If No they need to be attached.)	Date of Inspection: 2-13-17	Inspection Record:	Was Percel-Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)  (Yes:  \forall No Case #:	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 17-0006	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For TBA:	(R)	ard Conditions Attached? TY	Inspected by:	Bin Already Bun Y	ted XYes □No	# 1.500 1.50	□ Yes (Deed of Record) □ Yes (Fused/Contiguous Lot(s)) □ Yes	Permit Date:	Reason for Denial	/ Use Only) Sanitary Number:
Hold For Affidavit:		es	by:	bins Not Connected + Keep Soc	Were Property L	Previously Granted ☐ Yes ☑Mo	Mitigation Required Mitigation Attached	15-17 18-19-18-19-18-18-18-18-18-18-18-18-18-18-18-18-18-	or Denial:	Number:
Hold For Fees:		ttached.)		Marse to	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)   O Yes Ano Case #:	□ Yes KNo □ Yes Ko			# of bedrooms:
	Date of Approval 14.17		Date of Re-Inspection:	Zoning District Lakes Classification (	☐ Yes		Affidavit Required Affidavit Attached			Sanitary Date:
	ab-14-17		on:		No		□ Yes ØNo □ Yes ØNo			

Grain INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PG Box 58
Washburn, WI 54891
(715) 373-6138 53-y0-A7 4425 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Bayfield Co. Date Shamp Recolged) \( \frac{1}{2} \) Zoning Dept 3 œE. lru , M Refund: Permit #: Amount Paid: # K <del>S</del> 378 17-050 らう 795

TYPE OF PERMIT REQUESTED		□ LAND USE □ SA	SANITARY PRIVY		ONDITIONAL City/St	☐ CONDITIONAL USE ☐ SPECIAL USE  City/State/Zip:		B.O.A. OTHER	ER
Owner's Name:	DE CL	02-75	3E3E	77	HW7118 126	was out	J SHEDS I	1	456
Address of Property:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	811/04/18	City/Stat	9554 956 978 978	THE STATE OF THE S	308 KS		7/13-207-05 6	7-05 4
Contractor:	0		Contract		Plumber:	2.00		Plumber Phone:	Te:
Authorized Agent; (Pe	rson Signing Application	(Person Signing Application on behalf of Owner(s))  Mell	Agent Phone:	7-05/6	ent Mailing Addr	Agent Mailing Address (include City/State/Lip):	rate/zip):	Attached  O Yes O No	lo Circura
PROJECT LOCATION	Legal Déscription:	; (Use Tax Statement)	Tax ID# (4-5 digits)		, 		Recorded Deed (i.e. # assigned by Register of Deeds)  Document #:	# assigned by Reg	ister of Deeds)
NE 1/4,_	NW 1/4	Gov't Lot Lot(s)	(s) CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section 6	, Township	46 N, Range S	W	Town of:	2		Lot Size	Acreage 628	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	☐ is Property/La	☐ Is Property/Land within 300 reet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodyfain? If yes—continue —▶	kiver, Stream	(incl. Intermittent)	Distance Structure	ture is from Shoreline :	l#	Is Property in A	Are Wetlands Present?
☐ Shoreland —>	□ Is Property/L	☐ Is Property/Land withip 1000 feet of Lake, Pond or Flowage If yes—continue	Lake, Pond o	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline:	Ä	□ Yes	□ Yes
Non-Shoreland									
Value at Time of Completion "include donated time &	Project	# of Stories and/or basement	ories sement	Use	# of bedrooms	Sew Is	What Type of Sewer/Sanitary Syste Is on the property?	of System perty?	Water
material	☐ New Construction	iction 1-1-story		1 1.	1 1	1 1	1 1		City
8	Addition/Alteration	eration 1-Stary + Lon	+ Loft	Year Kound	3 1	☐ Sanitary (Exists	Sanitary (Exists) Specify Type:	De: / Hold ove	- 1
 <del></del> -	Relocate (existing bldg)	(E)	ent		2	Privy (Pit)	) or Vaulted (r	Vaulted (min 200 gallon)	
8	Prope	ļ	ation			Compost			
	- FACM		1	1117					
Existing Structure: (If perpendiction)	: (if permit being a iction: いらどり	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: ひょたり おんし		Length:		Width:	N,	Height:	
Proposed Use	4		Pr	Proposed Structure	œ.		Dimensions	sions	Square Footage
		Principal Structure (first structure on property)  Residence (i.e. rabin, hunting shack, etc.)	first structu	re omproperty)			~ ~		
	-	with Loft					×××		
Residential Use	Use	with a Porch	) Porch	- Andrews			~ ~		
		with a Deok	egk Deck				~ × ×		
☐ dbanhefalakusen	30 Men 00	with Att	with Attached Garage	ge		, , , , , , , , , , , , , , , , , , ,	( ×		
-à		Bunkhouse w/ $(\Box)$ sanitary, or $\Box$ sleeping quarters, or $\Box$ cooking	hitary, or 🗆	sleeping quarters,	or □ cooking &	, food prep facilities)	es) ( x		
	Eza	Mobile Home (manufactured date)  Addition/Alteration (specify)	factured date (specify)	m prod	810		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Macicipa issessa	Stall N	Accessory Building	(specify)	Erain I	3	A TOTAL CONTRACTOR OF THE PARTY	X	X Road X	
		Accessory Building Addition/Alteration (specify)	\ddition/Alt	teration (specify				×	
		Special Use: (explain)		11111111111111111111111111111111111111		The state of the s			
		Conditional Use: (explain)	plain)	, , , , , , , , , , , , , , , , , , ,				× ×	
		Other: (explain)		Language Lan		T) (811 PETEN T) 81 DE		>	
I (we) declare that th am (are) responsible	is application (including for the detail and accur	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and are provided to the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and are provided to the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and are provided to the providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and are provided to the providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and are provided to the providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and the providing and that it will be relied upon by Bayfield County in determining whether to issue a pour and the providing and the prov	MIT or STARTII ) has been examir (are) providing a	NG CONSTRUCTION Vened by me (us) and to the it will be relied to	VITHOUT A PERMI	T WILL RESULT IN PE owledge and belief it is nty in determining who was officials changed with the property of	NALTIES true, correct and comp ther to issue a permit.	nd complete.   (we) acknowledge that I (we) permit. I (we) further accept liability which no county ordinances to have access to the	ge that I (we) liability which access to the
may be a result of Babove described prop	ayfield County relying o erty at any reasonable t	on this information I (we) am (are time for the purpose of inspection	are) providing in o	or with this application.	l (we) consent to cou	THEY CHICAGO CHAIREN W		C1-M-1	Š
		in the same					73.0	•	

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sten exterter(s) of authorization must accompany this application) 35285 signing on behalf of the STARK owner(s) a letter of authorization must accompany this application) TASTE MMJJJJAttach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed Date

Address to send permit

Authorized Agent:

D

Date

		_			William Programme	T											
Hold For Sanitary: Hold For TBA:	Signature of Inspector	Board Con	Inspection Record:  Sin Alruny Bull  Date of Inspection: 2-17-17	무무	☐ Yes Jase #:	rcel a Sub-Standard Lot	Permit Denied (Date): Permit #:	<b>a</b>	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbach one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promated by a licensed surveyor at the owner's expense.  [4] Stake or Mark Proposed Location(s) of New Construction. Septic Tank (ST). Drain field (DF), Holding Tank (HT)	Setback to Septic Fank or Holding Fank  Setback to Drain Field  Feet Setback to Privy (Portable, Composting)  Feet Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback,		Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line	(8) Setbacks: (measured to the closest point)  Description   Mea	Please complete (1) - (7) above (prior to continuing)	V	`	(2) Show / Indicate: No. (3) Show Location of (*): (*) (4) Show: (5) Show: (*) (6) Show any (*): (*) (7) Show any (*): (*)
:   Hold For Affidavit:		Yes No-	Connected to the Coal of Char- Inspected by	□ No	No	N P	5	Permits Expire One (1) Year from the Dane & Two Family Dwelling: ALL Municipocal Town, Village, City, State or Federal Sanitary Number:	d corner or marked by a licensed surveyor at the owner's expense.  construction of a structure more than ten (10) feet but less than thirty (30) feet from the minim corner to the other previously surveyed corner, or verifiable by the Department by use of a correveyor at the owner's expense.  Stake or Mark Proposed Location(s) of New Construction. Sentic	Feet Set Set Of the minimum required setback, the boundary	1/2 mile ?? Feet 1/2 mile ?? Feet		vieasurement	ontinuing)	r m of	<i>,</i>	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  (*) Lake; (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:		(If <u>No</u> they need to be attached.)	or se to proselle	178 8	Previously Granted by Variance (B.O.A.)  Previously Granted by Variance (B.O.A.)  Case	□ Yes 🚜		ite of Issuance if Construction or Use has balities Are Required To Enforce The Unifiagencies may also require permits.  # of bedrooms:	um required setback, the boundary line from which th acted compass from a known corner within 500 feet of	SELDACK TO WEII  Set to boundary line from which the setback must be measured must be visible from one previously surveyed corner to the	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Setback from the Lake (ordinary high-water ma Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be ap			ne Frontage Road) n Field (DF); (*) Holding Tank (HT) and *) Pond
0	Date of Approval:		Zoning District ( 195 ) Lakes Classification ( )  Date of Re-Inspection:	□ Yes	# Lindayii Alladrieu   Lines	Affidavit Required		onot begun. form Dwelling Code.  Sanitary Date:	th the setback must be measured must be visible from et of the proposed site of the structure, or must be	Feet.  S SOC Feet.  be visible from one previously surveyed corner to the		ter mark) Feet Feet	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.			d/or (*) Privy (P)

## Galligan ATF Grain Bins



1:2,835 January 19, 2017 0.035 0.07 0.14 mi Tie Line Building Recorded Map 0.2 km Corner Tie Sheets Rivers 0.05 0.1 Road Type Section Comer Monument on File Douglas Co Parcels Municipal Boundary CFR Bayfield Section Corner Monument Referenced on Survey Ashland Co Parcel Section Lines County Survey Maps Approximate Parcel Boundary Federal

Meander Line

Private

Un Recorded Map

Web AppBuilder for ArcGIS Bayfield | Bayfield County |

Grain

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

\$250

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Date Staffinp (Riscentes) 5 Uu

AN 162017

Permit #: Refund: Date: Amount Paid: 2-15-17 \$75 1-9-17 000 000 1-19-17

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

A THE RESIDENCE AND A STATE OF THE PERSON OF					_ security con		Secretarial Staff	. s man other	Commercial Use		Rec'd for Issuance		Residential Use		\		Proposed Use	Proposed Construction:	Existing Structure		S.	9707	200	SSSO			Value at Time of Completion * Include donated time & Imaterial	☐ Non-Shoreland		□ Shoreland	1	Sartion 6	NG 1/4,	PROJECT // LOCATION		Authorized Agent: (F	Contractor:	25285	Address of Property:	(
ŀ	□ Collui	i Vi	4	╁					oi Dinamana		SUBTICE		Use			☐ Princi	•	uction: USEP	rmit bei	The state of the s	Toper :	Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	☐ New Construction	Project		☐ Is Property/Land w	☐ Is Property/Land within 300 feet of T Creek or Landward side of Floodplain?	- Africa Agrican		<i>νω</i> 1/4	Legal Description: (Use Tax Statement)	Touch	(Person Signing Application on behalf of Owner(s))	e selves	STATE HUY!	Calliga	1
E TO OBTAIN A PERMIT or ST	Other: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with(2") Deck	with a Deck	with (2 <sup>nd</sup> ),Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack,	Principal Structure \(\text{first structure op property}\)		Bio	d for is relevant to it)	anadary .	Foundation			2-Story	8	☐ 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, F	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain?  If yescontinue —		- 1	Gov't Lot Lot(s)			. >	CO.	O1	( )	
FAILURE TO OBTAIN A PERMIT <u>of</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES		MANAGEMENT OF THE PROPERTY OF		/Alteration (specify)	1) Gray	1) Crow by	<b>&gt;</b>	☐ sleeping quarters, or	iarage\					And the second s	g shack, etc.)	ucture op property	Proposed Structure	Lengui.							☐ Year Round	☐ Seasonal	Use	_	Pond or Flowage If yescontinue	yescontinue	7	Town of:	CSM Vol & Page	o with	7/5-789-0/0	Ŝ Q	one:	16	City/State/Zip:	
FAILURE TO OBTAIN A PERMIT <u>of</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PI		***************************************		All was a second		<b>9</b> V		or Cooking & f									<b>ਰ</b>					□ None		□ 3	□ 2	□ 1	# of bedrooms		Distance Structure	Distance Structure	CAS	M	Lot(s) No.		Zume		Plumber:	W	STATEHUNIS	
WILL RESULT IN PEN								cooking & food prep facilities)	American Company of the Company of t									WALLET STATE OF THE STATE OF TH		Notice	Compost roller			Sanitary (Exists) Specify Type:	☐ (New) Sanitary	☐ Municipal/City	Sewr Is i		ructure is from Shoreline :	ure is from Shoreline:			Black(s) No.		_  (	ess (include City/S	1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5480	Ashar	: ` `
ALTIES			•		(28		-		-		-				7	-	Dir				Het	service cont	or    Vault	ists) Specifi	ary Specify Type:	ity	What Type of Sewer/Sanitary System Is on the property?		eline : feet	4		Lot Size	Subdivision	Document #:	orded D	tate/Zip):		ŏ	J WIS	
	× ,	×		X Transmission )	1	M.	×	: ×	×		×	× )	×	X )	×	×	Dimensions	ne Sir.				tract)	Vaulted (min 200 gallon)	y Type: Hold,	/ Type:		e of y System perty?		□ Yes	one?	00	Acreage	IT .	:	☐ Yes ☐	Written Authorization Attached	Plumber Phone:	715-2	S) 806 7/5~746 Cell Phone:	
					,			A The state of the									Square Footage	•							Well	☐ City	Water		□ Yes	Are Wetlands Present?	(	7(		o o	Yes   No	thorization	ione:	115-209-0516	Ky 6 2319	

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s)

5888

STATE

7641

Muedu

Owner(s): (If there are Multiple Owners listed on the

eed All Owner

) . Sign of letter(s) of authorization m

must accompany this application)

Date

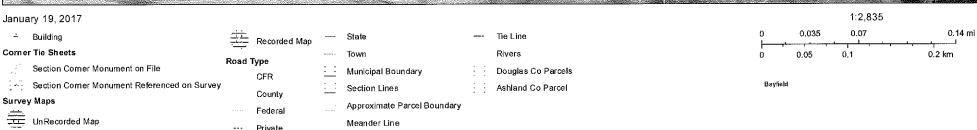
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Date

Hold For Sanitary:	of h	Date of Inspection: 2-13-17  Condition(s): Town Committee or Board Condition(s):	lineate	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot	Permit # 17-000	Issuance Information (County Use Only)	(9) Stake or Mark Propo NOTICE: All I For The Construction	other previously surveyed corrier or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank  Setback to Drain Field  Setback to Privy (Portable, Composting)  Fetor to the characteristic of a tructura within the first factor to the characteristic for the characteristic factor.	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)			(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TBA:	human has	Paritions Attach	ON □	¥γes □ No	(Deed of Record)(Fused/Contiguous Lot(s))			sed Location(s and Use Permits If New One & Tv The local Tow	d surveyor at the own re than ten (10) feet b urveyed corner, or ver	in ton 1101 feat of the	645		Road Vay		or to continuing to the closest			l l'a
Hold For Affidavit:	of fact of money	ected by:	Aspor Rob-		NO	7	Sanitary Number:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	er's expense:  uut less than thirty (30) feet from th rifiable by the Department by use o		1/3 mili esteet Feet	700' ? Feet 34 mil = 3 Feet	Feet	Measurement	point)			Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
000000000000000000000000000000000000000	I IND HEALIECT IO WE SUGEREAT!	thousand to be attached	Na + Meso L	Previously Granted by Variance  □ Yes ▼No  Were Property Lines Represe	Mitigation Required	3	# of	ieptic Tank (ST), Drain fi the Date of Issuance if Co Iunicipalities Are Require Ideral agencies may also	ne minimum required setback, the	Setback to Well	20% Slope Area on property Elevation of Floodplain	Setback from Wetland	Setback from the Lake (ordinary Setback from the River, Stream, Sethack from the Rank or Bluff		Change			I (Name Frontage Road) erty ) Drain Field (DF); (*) H k; or (*) Pond
Hold For Fees:		the	Was Property Surveyed	(B.O.A.) Case	□ Yes ANO		of bedrooms:	ield (DF), Holding Tank instruction or Use has n id To Enforce The Unifor require permits.	e boundary line from which the own corner within 500 feet of the	onet ha manarund must ha visitin	oropertyin	in or or or or	ke (ordinary high-water ver, Stream, Creek	Description	Changes in plans must be approved by the Planning & Zoning Dept.			) lolding Tank (HT) and/
***	Date of Approval:	Date of Re-Inspection:	Zoning District	#:	Affidavit Required Affidavit Attached		Sanitary Date:	<u>: (HT), Privy (P)</u> , an ot begun. rm Dwelling Code.	setback must be measure he proposed site of the str		<del>- Ayes</del>		r mark)	ח	roved by the Plann			or (*) <b>Privy</b> (P)
	Wal:	ction:	8	ONE	□Yes YNo □Yes ØNo			nd <u>Well</u> (W).	ad must be visible from ructure, or must be	Feet	/es No Feet	Feet	Feet	Measurement	ing & Zoning Dept.			

## Galligan ATF Grain Bins





Meander Line

Private

Web AppBuilder for ArcGIS Bayfield | Bayfield County |